

NOTARY PUBLIC

FOR OFFICE USE ONLY	
ASSIGNED #	

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE MOTOR VEHICLE COMMISSION

APPLICATION FOR LICENSE FOR MOTOR VEHICLE SALESPERSON

APPLICATION WILL BE RETURNED IF NOT COMPLETED IN ITS ENTIRETY AND/OR PRINTED LEGIBLY--USE BLACK INK OR TYPEWRITER

Social Security #	original Applic	cation or l	_ Change	e of Empl	oyer or	∟ Kene	wai
Last	First	First			Middle		
		i			1	ı	
Residential Address/P.O. Box/Street				City		State	Zip
DATE OF BIRTH (must be 18)	EYE COLOR	HAIR COLOR	SEX	HEIGHT	WEIGHT		
Driver's License No		<u> </u>	State		<u> </u>		
					1		
Dealer's Name						Dealer's Li	cense No.
Dealer's Mailing Address							
				T	N		
1. If licensed previously, give to **Followin* 2. Will you be employed full ti 3. (a) Have previous application this or any other state? (c) Have you ever been convolved. (a) Are you familiar with the dealers? (b) Do you know that it is ill to whom such plates are issued to whom such plates are issued on your license? 6. Do you know that your salessy employed by the above dealers.	me by the above ons for motor vehice (b) If so, standard of a felony? It is a felony i	lealer? lealer? lealer salesperson of the when and for If of Tennessee the registration plate to sell motor vehicles.	r dealer lice what reason so, you must at apply to 1 es on any vericles ONLY	ense ever bed at attach the motor vehicle chicle not accord for the dea	final judgn le salesperso ctually owne aler whose n	nent decree ons and moto ed by the dea ame appears when you c	or vehicle aler
dealers. This application is mad of my knowledge. I understand part of my application.	e in good faith, ar that any and all i	nd the answers an information herei	nd statemen n required b	ts made here	ein are full,	correct and t	true to the best
SIGNATURE						State of T NOTAR	Tennessee Y SEAL
SUBSCRIBED AND SWORN	TO BEFORE ME	THIS	DAY OF	7			

EXPIRATION DATE

Enter below your employment or other pursuit(s) for the prior two years, including but not limited to, full or part-time employment, self employed, student, hospitalization, incarceration, retired, military etc... Month & Year In What Capacity Name of Employer Were You Employed From To DEALER ENDORSEMENT OF APPLICATION FOR SALESPERSON'S LICENSE (Please read carefully) I have read the answers of the applicant named herein. I have made diligent inquiry and investigation, and believe that they are true to the best of my knowledge and belief, and on behalf of my company I hereby endorse the applicant as an individual of good business standing and one who is worthy of licensure, and hereby request that license be granted under the rules, regulations and policies of the Commission. On behalf of my company, I agree that: Instruction covering the provisions of the law and the rules and regulations governing the sale of motor vehicles has been given applicant for said license. The applicant will be provided a reasonable understanding of the same before being permitted to transact the business for which the license is requested. While in my employ I will be fully responsible for the acts of this applicant while engaged in the work for which application is made herewith. I acknowledge that if this applicant is issued a salesperson license that this motor vehicle dealer is required to return said license and identification card when the licensee's employment is terminated. Date_____ (Name of Dealership)

FAILURE TO PROPERLY COMPLETE THIS APPLICATION WILL DELAY THE APPLICATION REVIEW PROCESS

Title_____

Salesperson's License Fee or Change of Employer Fee or Renewal Fee: \$35.00 (NON REFUNDABLE) Make check payable to: Tennessee Motor Vehicle Commission

Make check payable to: Tennessee Motor Vehicle Commission and mail to: 500 James Robertson Parkway-2nd Floor

(Officer or Agent)

Nashville, TN 37243-1153

Signed____